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CONFIRMATION NO. 2419

SERIAL NUMBER 10/771,257	FILING OR 371(c) DATE 02/03/2004 RULE	CLASS 435	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. 18396/2272
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PAP 7/22/09 <b>** CONTINUING DATA *****</b> This application is a CIP of PCT/GB02/03512 08/01/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/08/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 19
<b>INDEPENDENT CLAIMS</b> 13				
<b>ADDRESS</b> 29933				
<b>TITLE</b> INTRACELLULAR ANTIBODIES				
<b>FILING FEE RECEIVED</b> 1370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	